

Alternate Resources

Purpose

To identify all potential eligible patient who might qualify for an alternate resources program. this include both medical and financial assistance programs. Programs can include federal, state, county, tribal programs, as well as other non-profit agencies. Programs will include the Medicare program, Medicaid program, Social Security Disability, Supplement Security Income programs, as well as other programs, i.e., VA, Qualified Medical Beneficiary, County Indigent, Home and Community based programs, etc. The Benefits Coordinator will determine eligibility by screening, assist in the application process, and educate patients, tribal communities, and service unit staff on the various alternate resource programs available. They will also establish partnership with other Indian health facilities, program and private sector facilities in order to maximize alternate resource enrollment efforts and increase revenue.

Procedure

A. Referrals During Business Hours

1. All potential patients who are eligible for an alternate resource are to be referred to the Benefits Coordinator. Patients falling into the following categories are to be considered as potential alternate resource eligible.
 - a. All Children under the age of 19 years of age.
 - b. Patients age 65 or older who do not have Medicare.
 - c. Patients age 65 or older, and have only Medicare Part A coverage.
 - d. Individuals diagnosed with End-Stage Renal Disease.
 - e. All pregnant women.
 - f. Recipients residing in Nursing Care facilities.
 - g. Persons who have been disabled for 12 months or longer.
 - h. All other patients who feel that they may be eligible, but are not covered by any alternate resource.
2. Patient Registration or any department can initiate a screening/referral form, or a verbal referral to the Benefits Coordinator for alternate resources. If the patient does meet the requirements as indicated in Section 1, a referral shall be made to the Benefits Coordinators using the following procedure:
 - a. Call extension 382, 481, at the Santa Fe Indian Hospital; or call the Benefits Coordinator at the Santa Clara Health Center at 753-9421. An interview will be scheduled for the potential alternate resource applicant.
 - b. Copy of Screening/Referral form shall be sent to the Benefits Coordinator for follow-up.
 - c. When necessary, the Benefits Coordinator may see walk-ins, depending on availability and workload.
3. The Benefits Coordinator will interview the patient in their respective office, at clinic site, at an outreach activity, or at the inpatient ward/room.
4. All available sources, as well as demographics, medical, and financial information will be compiled, and a determination shall be made if the patient potentially qualifies for an alternate resource.

5. If the patient is eligible for an alternate resource program. The application process will proceed. The Benefits Coordinator's role is to assist in the process; either by applying on their behalf, or referring the patient to the appropriate agency. The application process shall be kept in a confidential and discreet manner. This is in accordance with JCAHO, Indian Health, Privacy Act, and other compliance laws as applicable.
6. If a patient is not eligible for an alternate resource program. This information shall be documented in the RPMS system. It is also the responsibility of the Benefits Coordinator to relay this information back to the appropriate referral department, service unit committee, service unit staff, family member, or tribal community health representative, on a need to know basis.
7. All departments are responsible for making alternate resource referrals to the Benefits Coordinators. All referrals can be made by either initiating a screening/referral form, a verbal referral, or by utilizing the RCIS (Referral Care Information System) package in the RPMS.

B. Referrals After Hours and Weekends

1. During the non-business hours during the week, a screening/referral form can be left at the Business Office of the Contract Health Office.
2. Action shall be taken on the referral within 1 work day.
3. The Benefits Coordinator can also be reached by cell phone for emergency referral cases.
4. In the event that a patient is not available or not competent to initiate the alternate resource application; a designated family member can assist in this process.

C. Non-Compliant Patients

1. In the event a patient is not aware, or avoids the alternate resource referral process, the following actions will take place:
 - a. Told to apply at the Patient Registration interview/update;
 - b. Receive a telephone call to the patient's home;
 - c. A follow-up with the tribal Community Health Representative;
 - d. A letter will be sent to the patient who needs to apply for alternate resources;
 - e. A Contract Health Service letter and/or call may be made, for the patient to apply, or they may face denial of CHS services for failure to comply with Indian Health Service CHS regulations.
2. It is the responsibility of the Benefits Coordinator to explain and educate the patient, on the benefits of enrolling in an alternate resource program. Incentives can include: monetary compensation; health coverage for private, secondary and tertiary care; no outstanding debts accrued for health care services provided outside an Indian Health facility; and excess revenue for services provided by the Indian Health Service.

Responsibilities

In addition to the Business Office staff including Patient Registration, Admissions, Patient Accounts Technicians, and Utilization Review; it is everybody's responsibility at the Santa Fe Service Unit to refer patients who might be eligible for alternate resource programs. The Benefits Coordinator will also work in conjunction with the various service committees, i.e.; Contract

Health, Social Services, Discharge Planning, etc. to ensure that total compliance and cooperation is followed.

The Benefits Coordinators are also responsible for providing updates with all alternate resource programs, as well as providing in-service on the continuing changes in the health care industry that impact the Indian Health Care delivery system.

The Benefits Coordinators are responsible for all changes in Managed Care plans, entitlement programs, eligibility criteria, and other new programs that patients may be eligible for in the future.